SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayrield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Dale Stamp (Received)
2 4 2014

C

Bayfield Co. Zoning Dept.

ENTERED Date:

Permit #: Refund: Amount Paid: 475 3.6 51.8 1-1-8

Secretarial Sta	2	»	Rec'd for Issuance	The state of the s	☐ Municipal Use				Commercial Use			X Residential Use				Proposed Use	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)				□ Re	2000 C00 C	X		donated time &	Value at Time of Completion p * include (what are	X Non-Shoreland	Snorelanu — Elsi			Section 8,1		1/4,	LOCATION Legal		Authorized Agent: (Person Signing Application on benair or Ownerly)	Self	Contractor:	Address of Property:	(hase Turne	Owner's Name:	TYBE OF BERNIT RECHIESTED - Y LAND USE SANITARY
All FAILUR				X Access	_		4	Bunkh							☐ Princip	•	1	ermit being applied		0000	Dronarty	Relocate (existing bldg)	Conversion	★ Addition/Alteration	New Construction		Project lare you applying for)		Property/Land with	k or Landward side	Property/Land with	, Township 47		_ 1/4 Gov't Lot	Legal Description: (Use T		ning Application on benal		The state of the s		1er	188	ED—W X LAND USE
Secretarial Staff FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES The Arthur that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct	Other: (explain)	Special Use: (explain)	17.	Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or	with Attached Garage	with (2 nd) Deck	with a Deck	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.	Principal Structure (first str			for is relevant to it)	X	I I		No Basement	- 1	☐ 1-Story + Loft	★ 1-Story		# of Stories and/or basement		Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	of Floodplain:	Is Property/Land within 300 feet of River, Stream (incl. intermittent)	N, Range O W		ပ (နှ	(Use Tax Statement) 04-(Cont	/ Andrews	8040		USE SANITARY
STARTING CONSTRUCTIC			111	n/Alteration (speci	fy) _	ífy)	d date)	or ☐ sleeping quarters,	Garage				The second secon	ng shack, etc.)	(first structure on property)	Proposed Structure	rengen.	Length.	l careth:					X Year Round	\vdash		Use		Pond or Flowage If yes—continue —	ASS. CONTRACTOR OF	ream (incl. Intermittent)	Has	Town of:	CSW Vol & Page	-00-1 h-r-hC	PIN: (23 digits)		Agent Phone:	Contractor Phone: Pl	The second secon	Franklin	Address:	□ PRIVY
ON WITHOUT A PERN			, the second sec	IN Agrage			indian indian	or 🛘 cooking		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						ure	700 COURT (CO. 100 CO.					M None	٥		- 1		# pedrooms		Distance Structure	District Charles	Distance Structure	River	110	שרישני. המולפוומני	ç	Ò		gent Mailing Addr	Plumber:		St + 400	City/Sta	☐ CONDITIONAL USE
MIT WILL RESULT IN PEN			1,111				A THE STATE OF THE	& food prep facilities)	11.0									Width:	Width:	□ None	☐ Compost Toilet	Portable (\	- 1	(New) Sallical y	- 1 '		What Sewer/San Is on the			turn is from Shoreline .	ture is from Shoreline :		•	Dioce(2) rac-	SOC JUS (CO) VO			Agent Mailing Address (include City/State/Zip):			KIVER	igiZ S	JSE SPECIAL USE
VALTIES	×	× :	~ ×	, OF: 1	< .>	× ×	×		×	×	X	(×	×	× >	\ < ×	Dimensions		I	Į		et		_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	te) Specify Type:	<u>ر</u>	ľ	What Type of wer/Sanitary System is on the property?		-		ne: Is Property in Floodplain Zone?			Lumbermano	Volume 1000	Ω.					1 TW	748	□ B.O.A
IES rrect and complete. (we) acknowledge that ((we) rrect and complete. (we) acknowledge that ((we) recent lishifity which			-	7.7				-					<u> </u>			-		Height:	Height:				/aulted (min 200 gallon)				d —					٩	Acreage	O AZ	Page(s)	; (i.e. Property Ow	Attached Ores X No	Written Authorization	Plumber Phone:		Cell Phone:	Telephone: //e	OTHER
that I (we			ļ	0	9											Footage	Square								□ Well	\$	Water		No.	∏ Yes	Are Wetlands Present?	-	j		Š	ن wnership	:	ation			-	3 1, (V	1

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Owner(s): WM (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

4-14

Date

Authorized Agent:

(If you are signing on behalf of the

er(s) a letter of authorization must accompany this application)

Address to send permit

SVANS

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S

Attach
Copy of Tax Statement V
If you recently purchased the property send your Recorded Deed ZO/ ID 20359

	Granted by Variance (B.O.A.) Granted by Variance (B.O.A.) Ves & No Was Parcel Legally Created Was Proposed Building Site Delineated Inspection Record: Inspection Record: Date of Inspection: 7-30-14 Condition(s):Town, Committee or Boardy May Mottle Used How American Case #:	(9) Stake or Mark Propose NOTICE: All Lar For The Construction Of Issuance Information (County Use Permit Denied (Date): Permit #: / / - / / / / / / / / / / / / / / / /	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest Description Setback from the Centerline of Platted Road Setback from the South Lot Line Setback from the Bast Lot Line Setback from the Bast Lot Line Setback from the South Lot Line Setback to Driny (Portable, Composting) Setback to Privy (Portable, Composting) Figor to the placement or construction of a structure within ten (10) feet of the placement or construction of a structure more than ten (10) feet but one previously surveyed corner, or verif marked by a licensed surveyor at the owner sexpense.	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Mad Jautobe Hold For TBA: Hold For Affidavit:	XYES DNO AYES DNO AYES DNO INSPECTED BY M. Copditions Attached? DY M. Mylling All Molide Mylling All Molide Mylling All Mylling All Mylling All Mylling All Mylling All Mylling Mylling All Mylling All Mylling My	Proposed Location(s) of New Constructio All Land Use Permits Expire One (1) Year froction Of New One & Two Family Dwelling: All The local Town, Village, City, State of Sanitary Number: Permit Date: 8 / Permit Date: 8 / No Pess (Fused/Contiguous Lot(s)) No	See attackment Setbacks: (measured to the closest point) Setbacks: (measured to the closest point) Description Measurement Description Measurement Description Measurement Feet South Lot Line Established Right-of-Way Description Measurement Measurement Measurement Measurement Measurement Feet South Lot Line Established Right-of-Way Description Measurement Measurement Measurement Feet South Lot Line Established Right-of-Way Description Measurement Feet South Lot Line Established Right-of-Way Feet South Lot Line Established Right-of-Way Feet South Lot Line Established Right-of-Way May Feet South Lot Line Feet South Lot Line Established Right-of-Way Feet South Lot Line South Lot Line South Lot Line Feet South Lot Line South Lot Line South Lot Line Feet South Lot Line South Lot Lin	Ţ.
davit:	Previously Granted by Variance (B.O.A.) Yes No Case	m, Septic Tank (ST), Drain field (D) m the Date of Issuance if Construct L Municipalities Are Required To Er or Federal agencies may also require C 1 +	Changes in plans must be approve Changes in plans must be approve Changes in plans must be approve Description Description Setback from the Lake (ordinary high-water m. Setback from the Bank or Bluff Setback from Wetland Setback from W	<pre>roperty (regardless of what you are applying for) Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%</pre>
Date of Approvali	Cowner M Yes Owner NYes One Owner NYes One Owner NYes One Owner Owner NYES One Owner NYES Owner Owner NYES Owner Owner NYES Owner Owner NYES	Ing Tank (HT), Privy (P), and Well (W). Jse has not begun. he Uniform Dwelling Code. s. Sanitary Date: Affidavit Required Pes No Affidavit Attached Pes No	Please complete: (1)—(7) above (prior to continuing) Description Measurement Setback from the Blank or Bluff Feet Set	+T) and/or (*) Privy (P)

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Bayliele Co. Zoning Dept

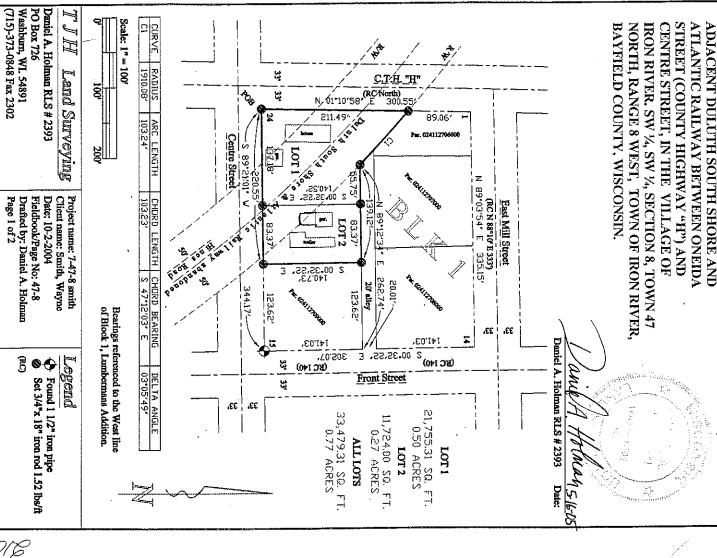
SURVEY MAP NUMBER-# BAYFIELD COUNTY CERTIFIED 1375

2005R-PATRICIA A OLSON BAYFIELD COUNTY, WI REGISTER OF DEEDS

05/20/2005 499278 08:00:01AM

RECORDING FEE; 13,60

961. 8 (SS) 118-01BJ



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) JW 162014

Bayliski Co. Zoning Dapi

ENTEMED Date: 878 Permit #: Refund: Amount Paid: 1 4 1 8 9 \$ 8.6. あでの, 1

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSI

may be a result of Barthad of above described properly at a above described properly at a Owner(s): (If there are Multiple (larial Sta		> > > >	Rec'd for Issuance		Municipal Use			Commercial Use			A residellual ose	Rocidontial IIIco		Proposed Use	Proposed Construction:			等 70,000 □ R		_ X		1	Value at Time of Completion *include	☐ Non-Shoreland	-	A CC	Section 19	1/4,	PROJECT LOCATION LES	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: DA	Address of Property: 7540 SpideRL	* ,	
County relying on this info	FAILUR				☐ Access	☐ Access	4	□ Bunkh				×			☐ Princip	n;		Property	☐ Run a Business on	Relocate (existing bldg)	Conversion	New Construction	<u> </u>	Project		įs Property/Land w	☐ Is Property/Land within 300 feet of f Creek or Landward side of Floodplain?	, Township 47	1/4	Legal Description: (U	Signing Application on b	DAVIS	relakek	+ Lona J.	\ ∀ ,
Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application.)	RE TO OBTAIN A PERMIT or panying information) has been	Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	Accessory Building Addition/Alteration	Accessory Building (specify)	Addition/Alteration (specify)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or Mobile Home (manufactured date)	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	pal Structuro /first st	u ioi isrieleyalitro it		☐ Foundation	X		□ 2-Story	2 1-Story	(# of Stories and/or basement		Xs Property/Land within 1000 feet of Lake,	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	N, Range 0	Gov't Lot Lot(s)	(Use Tax Statement) 0		W ₀	3	Schmidt	SAN
be of inspection. All Owners must sign or letter(s) of authorization	STARTING CONSTRUCTION examined by me (us) and to the				n/Alteration (specify)	ify)	ify)	or	Garage			΄		ing shack, etc.)	Proposed Structure	Length:			7			Seasonal Year Round	100000000	nt Use		Pond or Flowage If yescontinue	Stream (incl. Intermittent)	W Trown of:	667 Vol & Page	PIN: (23 gigits) 04-02-4-7-98	Agent Phone:	Contractor Phone:	City/State/Zip: TRON RIVER	63955 CT H	ARY PRIVY
I (we) segrent to county officials. A segrent to county officials. A segrent to county officials.	N WITHOUT A PERMIT		annun den senten de se	To proper your and a management of the property of the propert	(Y)			□ cooking &			SQ.			בעודפיעש	ure	24			None		□ 3	X 1	-	# pedrooms	-	Distance Structure	Distance Structure	n River	Lot(s) No.	1/2	Agent Mailing Add	Plumber: BC	R Chi	N	CONDITIONAL USE
y officials charged with a	WILL RESULT IN PENA	AND THE PROPERTY OF THE PROPER						food prep facilities)			eddition	,		The I		Width:	Willer 9	☐ Compost Toilet☐ None	☐ Portable (w/s	□ Privy (Pit) or		Municipal/City (New) Sanitary		V Sewer		ture is from Shoreline :	ture is from Shoreline :		Block(s) No.	01000	Agent Mailing Address (include City/State/Zip):	Koski	14845	Neg	ONAL USE □ SPECIAL USE
administering county ordinance Date Mane	ALTIES correct and complete.	(x	×	x	×	×	(x	~ ~				× >	< ×	1 1	Dimensions	He 150) L	et	O	Vaul		Ty Special Most Curd CIENCI		What Type of Sewer/Sanitary System		* *	ls Pro	Lot Size	Subdivision:	Recorded Document	ite/Zip):		7	1 1815:M	\LUSE □ B.O.A.
nances to have access to the	LTIES correct and complete. I (we) acknowledge that I (we))			+	288	1		084 (00	ns Square Footage	Height: / STacy	1,000		Cove	ted (min 200 gallon)		CYNT CIENT WALL	2	n Wate		□ Yes □ Yes X No	Are W	Acreage 25		Recorded Document: (i.e. Property Ownership Volume 1/1/2) Page(s) 43/	Written Authorization Attached Ves K No	Plumber Phone; 872-4156	Cell Phone:	372-4158	Δ. □ OTHER

Address to send permit

s signing on behalf of the owner(s) a lefter of author $\mathcal{S}_{\mathcal{S}}$

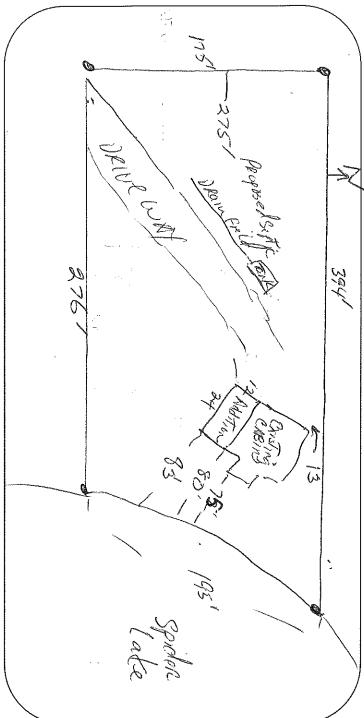
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Copy of Tax Statement Copy of Tax Statement

any this application) 20 MRUCM

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- Show Location of:
- Show Location of (*):
- (2) (2) (3) (4) (5) (6) (7) Show:
- Show:
 Show any (*):
 Show any (*):
- Proposed Construction
 North (N) on Plot Plan
 (*) Driveway and (*) Frontage Road (Name Frontage Road)
 All Existing Structures on your Property
 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	#	Description	Measurement
easemen that	•			
Setback from the Centerline of Platted Road	0€ <i>t</i> € ≒	Feet	Setback from the Lake (ordinary high-water mark)	72 Feet
Setback from the Established Right-of-Way	7	Feet	Setback from the River, Stream, Creek	N/th Feet
		33,700	Setback from the Bank or Bluff	W /† Feet
Setback from the North Lot Line	Z	Feet		
Setback from the South Lot Line	145 4	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	ナログプ	Feet	20% Slope Area on property	□ Yes No
Setback from the East Lot Line	72	Feet	Elevation of Floodplain	N → Feet
Setback to Septic Tank or Holding Tank	ŅĄ	Feet	Setback to Well	₩ Feet
Setback to Drain Field	NA.	Feet		
Setback to Privy (Portable, Composting)	NA	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required se other previously surveyed corner or marked by a licensed surveyor at the owner's expense. dary line from which the setback must be measured must be visible from one previously surveyed corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits.

8-6-14

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

6

BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

amp (Received) w. 11781.4 C200000

TENNES DE

Permit #: Date: Amount Paid: #350 \$280 1-1-8

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS (A) Refund:

I.

2014

AUG 07 2014 Conditional Use: (explain)			THE U TO ISSUATION Special Use: (explain)	Accessory Building	☐ Accessory Building		Mobile Home (manufactured date)	-			with a pech	with a Do		X Residential like with Dr	+	Residence (i.e. cabin, hunting shack, etc.)		Proposed Use	rioposeo construction:	Existing Structure: (If permit being applied for is relevant to it)	C IMPALL YOMR		Isiness on	Relocate (existing bldg)	$^{\circ}$ ($_{0}$ U $_{1}$ 000 $_{\square}$ Conversion $_{\square}$ 2-Story	Addition/Alteration 1-Story + Loft	New Construction X	Value at Time of Completion * include donated time & (what are you applying for) material # of Stories and/or basem	X Non-Snoreland	4 :	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue		, 18, 180 180 180 180 180 180 180	Township 47	1/4,1/4 Gov't Lot Lo	tatemen	777.7	Authorized Agent: (Person Signing Application on behalf of Owner(s))	: :	75/D W/ Will St.	Judy M. Schuman	AIT REQUESTED—► X LAND USE □
		ain)		Addition/Alteration (specify)	(specify)	(specify)	actured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters,	with Attached Garage	Deck	75.		Porch		Harring and any actif	Residence (i.e. cabin, hunting shack, etc.)	irst structure on property	Proposed Structure	rengus. (a	Length:		ation	ement	ent		/+ Loft		Stories Use basement			f Lake, Pond or Flowage If yescontinue →▶	River, Stream (incl. Intermittent) If yescontinue		w To	Lot(s) CSM Vol & Page	C-1480-10	PIN: (23 digits)	Agent Phone:	Contractor Phone:	Fron River,	67210W. Crystal Lakeled,	SANITARY PRIVY
		ade united by the state of the		y)			***************************************	s, <u>or</u> Cooking &)		ure .	0				None		3	14.2	. 🗀	# of bedrooms			Distance Structure	Distance Structure	Tiver	j	Lot(s) No.	- OT-1		Agent Mailing Ad	Plumber:	EH SH	stal Lake K	CONDITION
	***************************************		merchanda Miller Schille Schil			- WWW.Withinhibid-Verrentering and a second		, food prep facilities)					The second secon						width: 16		MOIR	☐ Compost Toilet	Portable		☐ Sanitary (Exists)	☐ (New) Sanitary		Sewer Is o			cture is from Shoreline :	cture is from Shoreline : fee		V	Block(s) No.	04400		Agent Mailing Address (include City/State/Zip):		54847	CHA, I. R. 54	LUSE SPECIAL USE
	_		-		_	2	7			†	1	7		-	†	7	-	⊑.				et	ervice cor	Vaul	ts) Specif	ı	1 1	What Type of Sewer/Sanitary Sys Is on the propert			ine : _ feet	ine : _ feet		Lot Size	Subdivision HC4	Volume	Recorded D	ite/Zip):			184	LUSE
	×	×	×	×	×	39 × 8	(1× CB)	×	:	< >	< >	× ;	×	< >	× ;	×	×	imensions	neight	Height:		e de la composition della comp	ntract)		ify Type:	Specify Type:		Type of itary System property?			⊒ Yes ∑XNo	Is Property in Floodplain Zone?				917	Document:					□ B.O.A.
) ''	7) 1,224	7		_			***************************************	наажиннаалын фанкталаны порторуу терепере)		31C 10			er fryslei frau ferste af en som en		ted (min 200 gallon)		□ Well	Æ City	Water				rty in Are Wetlands	, 30	Acreage	HN	217 Page(s) 743	Attached yes XNo (i.e. Property Ownership	Written Authorization	Plumber Phone:	Cell Pnone:	372-8979	OTHER

Attach

Copy of Tax Statement recently purchased the property send your Recor d Deed

Authorized Agent:

(If you are signing on behalf of the

er(s) a letter

of authorization

pany this application)

Date

Date

28-14

Address to send permit

Same

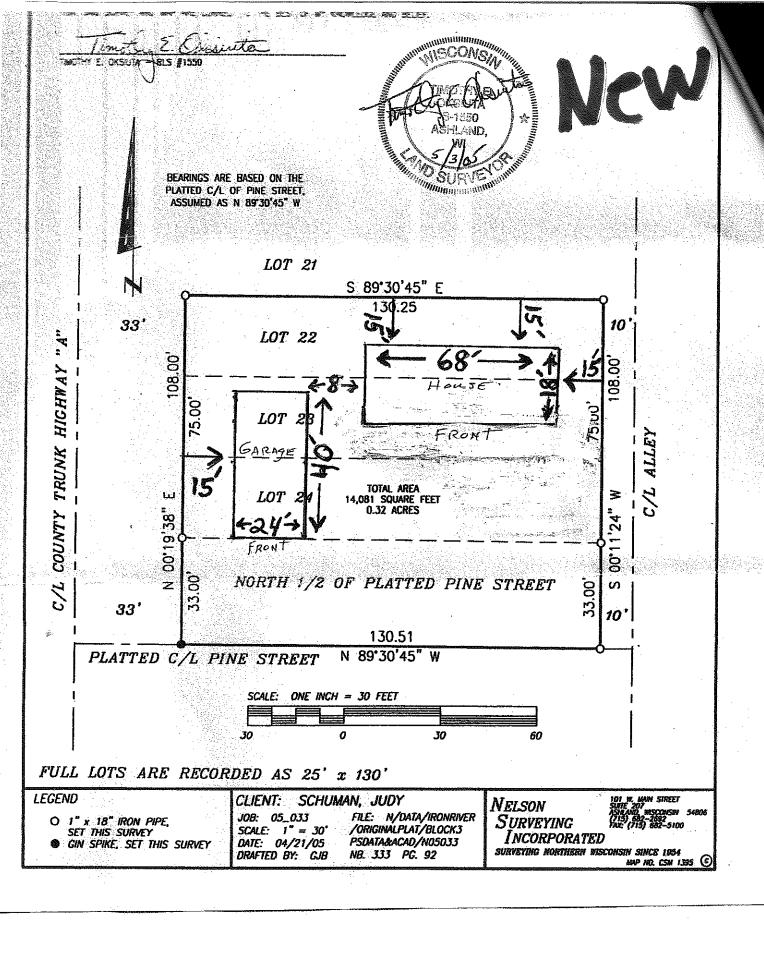
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avove

Owner(s): X

Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(1)—(7) above (contri to contributed) (1)—(7) above (contri to contributed) (1)—(7) above (contri to contributed) (2)—(7) above (contri to contributed) (3)—(7) above (contri to contributed) (4)—(7) above (contri to contributed) (5)—(7) above (contri to contributed) (6)—(7) above (contributed) (6)—(7) above (contrib	Changes in plans must be Changes in plans must be Changes in plans must be Setback from the Lake (ordinary high- Feet Setback from the River, Stream, Creel Feet Setback from the Bank or Bluff Feet Setback from Wetland Feet Setback from Setback must be measured setback, the boundary line from within 500 Feet from the Date of Issuance if Construction or Uss In Month of Issuance if Construction In Month of Issuance if C	Dove (prior to continuing) assured to the closest point) assured to the closest point) wheasurement platted Road All Feet provide and pure of the minimum required setback by a licensed surveyor at the owner's expense. Feet F	Feed complete (1)—(7) above (prior to confluints) (3) Setbacks: Immassured to the closest point) (3) Setbacks: Immassured to the closest point) (4) Setback from the Gendeline of Planted Road (5) Setback from the Setballoheal Right of Ways (6) Setback from the Setballoheal Right of Ways (7) Setback from the Setballoheal Right of Ways (8) Setback from the Setballoheal Right of Ways (9) Setballoheal Right from the Setballoheal Right of Ways (9) Setballoheal Right from the Setballoheal Right of Required Bit Ways (9) Setballoheal Right from the Setballoheal Right of Required Bit Ways (9) Setballoheal Right from the Setballoheal Right from the Setballoheal Right of Required Bit Ways (9) Setballoheal Right from the Setballoheal Right from the Setballoheal Right of Required Bit Ways (9) Setballoheal Right from the Setballoheal Right from the Setballoheal Right from the Setballoheal Right from the Setb
Tank (HT) and/or (*) Privy (P)	lan *) Frontage Road (Name Frontage Road) res on your Property ptic Tank (ST); (*) Drain Field (DF); (*) Holding (*) Stream/Creek; or (*) Pond *) Slopes over 20%	North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	Show Indicate: Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (**):



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Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) Z 292014

Permit #: Pate:

A)

7

mount Paid: 8,00°

Refund:

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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	Section, Township	1/4,1/4 Gov't Lot Lot(s)	PROJECT LOCATION Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	750 W M 11 ST	Address of Property:		TYPE OF PERMIT REQUESTED-> 🗷 LAND USE 🗆 SAN	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
	r, Stream (incl. Intermittent) If yescontinue	W Town of:	CSM Vol & Page	PIN: (23 digits) 04-034-3-47-08	Agent Phone:	Contractor Phone:	Iron River	City/State/Zip:	Mailing Address:	□ SANITARY □ PRIVY	•
	Distance Structure is from Shoreline:	Hron River	je Lot(s) No. Block(s) No. コンーシャ 3	PIN: (23 digits) 04-024-2-47-08-07-400-198-04400	Agent Mailing Address (include City/State/Zip):	Plumber:	ITON RIVER, WI 54847	City/State/Zip:	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)
	*	Lot Size	Subdivision: Plato	Recorded Docum	State/Zip):			1 4849) j		sit our website ww
'	Is Property in Floodplain Zone?	Acreage 37	ののサス	nent:	Written Author Attached □ Yes X No	Plumber Phone:		372 - 8971	Telephone: 7(5	☐ B.O.A. ☐ OTHER	w.bayfieldcounty
j	Are Wetlands Present?	ξε. 123	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(i.e. Property Ownership) Page(s) 743	Written Authorization Attached □ Yes ※ No	hone:		85	76	HER	org/zoning/asp)

_	•			000'5/8/c	.		Value at Time of Completion * include donated time & material	X Non-Shoreland	□ Shoreland —	
	Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	★ New Construction	Project (What are you applying for)	10	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of R Creek or Landward side of Floodplain?
	☐ Foundation	☐ No Basement	Basement	□ 2-Story	☐ 1-Story + Loft	M 1-Story	# of Stories and/or basement		in 1000 feet of Lake, Pon If ye	iver,
					🟃 Year Round	□ Seasonal	Use		Pond or Flowage If yescontinue —	Stream (incl. Intermittent) If yescontinue>
		✓ None		U W	2	–	# of bedrooms		Distance Stru	Distance Stru
None	☐ Compost Toilet	Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline : feet	Distance Structure is from Shoreline :feet
		ntract)	Ilted (min 200 gallon)	ify Type:	fy Type:		ge of ry System operty?		□ Yes Æ\No	Is Property in A
	I	ł	- The state of the		□ Well	City	Water		□ Yes X No	Are Wetlands Present?

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction:

Length:

Width:

Height: Height:

Owner(s): **
(If there are Multiple) am (are) responsible for the or may be a result of Bayfield Cabove described property at Authorized Agent: (If you are signing on behalf of the ers listed FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

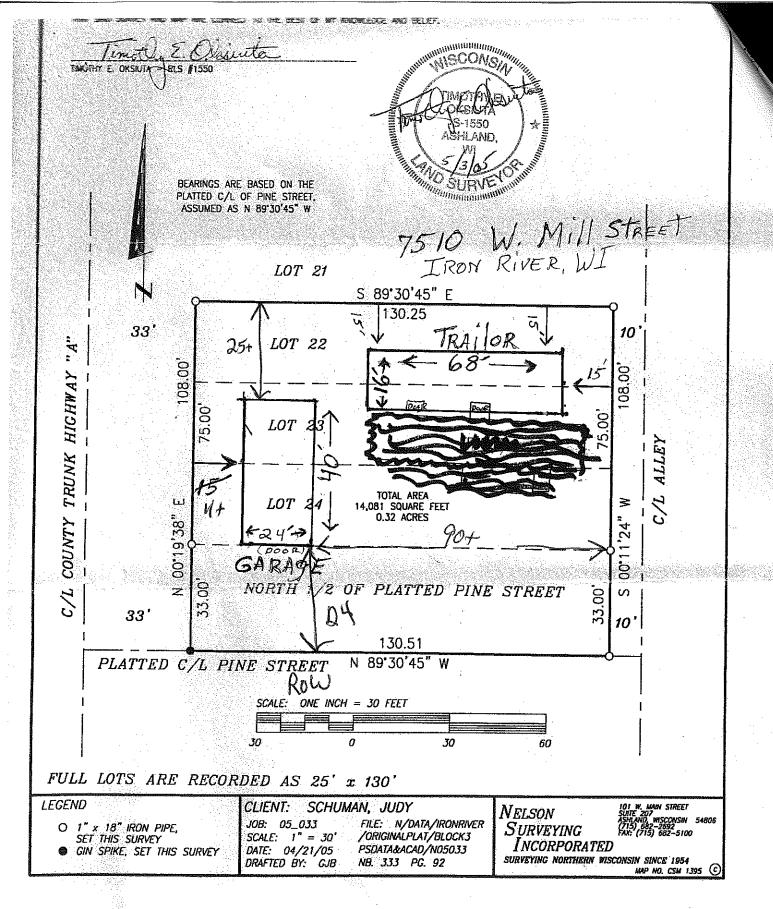
(including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which y relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the purpose of inspection. on the Deed All Owners must sign or letter(s) of authorization must accompany this application) /ner(s) a letter of authorization must accompany this application) Date Date 5-28-14

Same SB \mathcal{O} Maye

Address to send permit.

Attach
Copy of Tax Statement
recently purchased the property send your Records

[
Structure: Signature of Inspector: Michael dutale Date of Approval: 7-2-14
Condition(s): Town, Committee or Board Gonditions Attached? I Yes I No-(If No they need to be attached.) May nother used for human habitation. No water under pressure in
Date of Inspection: 7-1-14 Inspected by: M. Futtal Date of Re-Inspection Date of Re-Inspection
Øxes □ No Was Property Surveyed Screen Zoning District (C,
vi I
Ing Yes (Fused) Carling and a Carlon Mitigation Attached Yes Yano Affidavit Attached Ing Yes Yano Affidavit Attached Ing Yes Yano Yano
rcel a Sub-Standard Lot □ Yes (Deed of Record)
Reason for Denial: Permit Date: Q Q
The local Town, Village, City, State or Federal agencies may also require permits. Issuance Information (County Use Only) Sanitary Number: # of bedrooms: Sanitary Date:
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
r's expense. It less than thirty (30) feet from the minimum required setback, the boundary line from which the setb flable by the Department by use of a corrected compass from a known corner within 500 feet of the pr
Setback to Drain Field Y Feet Setback to Privy (Portable, Composting) Feet Frior to the placement or construction of a structure within ten (10) feet of the finimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the
Setback from the South Lot Line Down Kol Solo 24 Feet Setback from Wetland Feet Setback from the West Lot Line Hwy H RW VIF Feet Setback from 20% Slope Area Setback from the East Lot Line Hiley (01) 40+ Feet Elevation of Floodplain Feet
35 Feet Setback from the Bank or Bluff
Setback from the Centerline of Platted Road Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the Established Right-of-Way // Feet Setback from the River, Stream, Creek Feet
Description A Measurement Description Measurement
Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point)
Please complete (1) - (1) ahove (prior to continuing)
See attachment
 (4) Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%
Show Location of: Show Location of (*):



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

Date Stamp (Received)

JUN 18 2014

Bayiled Co. Zoning Dept

Refund:

Date: Amount Paid: Permit #: 英元 6-18 が 8 7

6-18-14

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	Section CC, Township T/N N, Range 0 W	١٠٠١ ١٠٠١	1/4,1/4	Gov't Lot Lot(s)	LOCATION Legal Description: (Use Tax Statement)	PROJECT		Authorized Agent: (Person Signing Application on behalf of Owner(s))	5e/F		XXX Hart Lake Rel	Address of Property:	Van Kaneh	Owner's Name:	TYPE OF PERMIT REQUESTED—> LAND USE SAN
er, Stream (incl. Intermittent) Distance Structure is from Shoreline: fee	-W Iron River	Town of:) CSM Vol & Page Lot(s) No. Block(s) No.	04-024-2-47-08-22-2	PIN: (23 digits) 00 ~ 323 ~ 01000		Agent Phone: Agent Mailing Address (include City/State/Zip):		Contractor Phone: Plumber:	Iron Riva WI 54847	City/State/Zip:	1007 Washington Sank City WI 53	Mailing Address: $A_{\mathcal{M}}$ City/State/Zip:	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE 🗡 SPECIAL USE
reline : Is Property in Are Wetlands feet Floodplain Zone? Present?	5.79	Lot Size Acreage	Plat of Ellenwood	Subdivision:	Volume 1/20 Page(s) 585	Recorded Document: (i.e. Property Ownership)	Attached □ Yes XNo	State/Zip): Written Authorization		Plumber Phone:	667-5563	Cell Phone: 600	5 3 3	Telephone:	CIAL USE 🗆 B.O.A. 🗇 OTHER

		☐ Compost Toilet	•		☐ Foundation	Property	
•	intract)	☐ Portable (w/service contract)	X None		💢 No Basement	☐ Run a Business on	
	ulted (min 200 gallon)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)			☐ Basement	Relocate (existing bldg)	
×	cify Type:	☐ Sanitary (Exists) Specify Type:	З		☐ 2-Story	☐ Conversion	1000
□ Well	ify Type:	☐ (New) Sanitary Specify Type:	□ 2	💢 Year Round	☐ 1-Story + Loft	☐ Addition/Alteration	233
□ City		☐ Municipal/City	L)	□ Seasonal	☐ 1-Story	New Construction	
Water	pe of ry System operty?	What Type of Sewer/Sanitary Syste Is on the property?	# of bedrooms	Use	# of Stories and/or basement	Project	Value at Time of Completion * include donated time & material
							☐ Non-Shoreland
ÆYes □ No		Distance Structure is from Shoreline: $50 + 60$	Distance Struct	Pond or Flowage If yescontinue>	n 1000 feet of Lake, Por If y	χ is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Shoreland —>
Are Wetlands Present?	Is Property in Are	Distance Structure is from Shoreline :	Distance Stru	Stream (incl. Intermittent) If yescontinue>	n 300 feet of River, Stre of Floodplain? If y	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	

	▼ None	
Existing Structure: (if permit being applied for is relevant to it) Length:	Width:	Height:
Proposed Construction: Length:	Width:	Height:

Proposed Use	^	Proposed Structure	Dimensions	Square Footage
A de de manuel de la manuel de		Principal Structure (first structure on property)	×	
		Residence (i.e. cabin, hunting shack, etc.)	(×)	
		with Loft	~ ×	
🔀 Residential Use		with a Porch	×	
	:	with (2 nd) Parch	(×	
		with a Deck	(×	
		with (2 nd) Deck	(x)	
☐ Commercial Use		with Attached Garage	(x)	
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	(x)	
1		Addition/Alteration (specify)	(x)	
- Wunicipal Use		Accessory Building (specify)	(x)	
And the second second the second seco	 	Accessory Building Addition/Alteration (specify)	(X)	
Rec'd for Issuance		both to road	6 × 80	084
	X	Special Use: (explain) Chass H Showland Cracling	(50×30')	1,000
200		- I	(50'X 4')	200
; ; 105#		Other: (explain)	(x)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) and (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to the above described property at any example in the for the purpose of inspection.

Owner(s):

Date

Date

Owner(s): listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

Address to send permit (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Same 3 Ç box

Date

Attach

Copy of Tax Statement

From recently purchased the property send your Recorded Deed

Mot except 4 with the Signature of Inspector. Hold For Sanitary: Hold For TBA: X	condition(s): Town, Committee or Board Conditions Attached? TEXT to lake lack in y	Metaal regus mensa	Was Proposed Building Site Delineated □ Yes □ Inspection Record:	Case #:		I Sub-Standard Lot □ Yes mmon Ownership □ Yes	Permit # 14-024 5	For The Construction Of New One The local Issuance Information (County Use Only) Permit Denied (Date):	narked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Locat	other previously surveyed corner or marked by a licensed surveyor at the Prior to the placement or construction of a structure more than ten (10) one previously surveyed corner to the other previously surveyed corner,	Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from the East Lot Line	Setback from the South Lot Line Sethack from the West Lot Line	Setback from the Established Right-of-Way Setback from the North Lot Line	from the Centerline	(8) Sethacks: (measured to the closest point) Description Measured to the closest point)	Please complete (1) - (7) above (prior to continuing)					1 1 1	Byffer Zone		(1) Show Location of: Propose (2) Show / Indicate: North (3) Show Location of (*): (*) Dri (4) Show: All Exit (5) Show: (*) We (6) Show any (*): (*) Lak (7) Show any (*): (*) We
H. Millist use best management per la la la set lands. Hold For Affidavit: Hold For Affidavit: Hold For Fees:	Oyes No-(If No they need to be attached.) Oyetation Protection Area (Inspected by: MM. A. Th	NA	☐ Yes ▼No Were Property Lines Represented by Ow	Previously Granted by Variance (B.O.A.)	(Deed of Record) X No Mitigation Required Yes X No	Permit Date: 8.7.10	For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. # of bedrooms: Sanitary Date:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT)	r's expense. It less than thirty (3D) feet from the minimum required setback, the boundary line from wh fiable by the Department by use of a corrected compass from a known corner within 500 f	Feet	Feet Setback to Well	Elevation o	Feet Setback from Wetland Feet 20% Sione Area on property	Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet	Feet Setback from the Lake (ordinary high-w	Sest point) Changes in plans must be approved Measurement Description		Hart Lake Rd		20 Sixe / / / / / /	,		50	MWHO	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show: (7) Show any (*): (8) Proposed Construction (8) Proposed Construction (9) Plan (1) Proposed Construction (1) Proposed Construction (1) Show (*) Indicate: (1) Proposed Construction (1) Show (*) Indicate: (2) Show (*) Indicate: (3) Show (*) Indicate: (4) Proposed Construction (5) Show (*) Indicate: (4) Proposed Construction (5) Proposed Construction (6) Show (*) Indicate: (*) Proposed Construction (*) Frontage Road (Name Frontage Road)
		tion (CLASS	Zoning District (R)	Case #:		Affidavit Required □ Yes ¼No Affidavit Attached □ Yes ੴNo		form Dwelling Code. Sanitary Date:		must be		Feet		Feet No.	Feet Feet	iter mark) Feet	pproved by the Planning & Zoning Dept. Measurement			A THE REAL PROPERTY OF THE PRO	_	P3×2		Soft ake	1	id/or(*) Privy(P)

SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN Date StampReceived)

AUG 01 2014

Bayfield Co. Zoning Dept. **T** Date: Refund:

Amount Paid: Permit #: 8-7-14 Ţ

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

APPLICANT.

☐ Shoreland →		Section	1/4,	PROJECT LOCATION	Authorized Agent: (Pers	Contractor:	Address of Property:	Town Laborer	Owner's Name:	TYPE OF PERMIT REQUESTED
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes.—continue —▶	, Township 47 N, Range 8	1/4, SE 1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	-	A			DUESTED- X LAND USE SANITARY
ke, Pond or Flowage If yes—continue	er, Stream (incl. Intermittent) If yescontinue	Town of:	CSM Vol & Page	PIN: (23 digits) 04- ひこり・2- 4つ・0%	Agent Phone:		City/State/Zip:	68535 CMA	g Address:	PRIVY
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	Iron River	Lot(s) No. Block(s) No.	PIN: (23 digits) 04- 024-2-47-08-07-4 01-060-01200	Agent Mailing Address (include City/State/Zip):		WI 54847	Iron Piver wil	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE
reline : feet	4	Lot Size	Subdivision:	Recorded Document: (i.e. Property Ownership) Volume 937 Page(s) 279	State/Zip):			2 5/847		
□ Yes XNo	Is Property in Floodplain Zone?	Acreage 4,384		ment: (i.e. Prope	Written Authori Attached	Plumber Phone:		7 Cell Phone	Telephone:	☐ B.O.A. ☐ OTHER
□ Yes XNo	Are Wetlands Present?	488		rty Ownership)	Written Authorization Attached Yes XNo	hone:	8715	Cell Phone: 1) 18 58/6	••	HER

				。 ス.80			Value at Time of Completion * include donated time & material
	Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration	XNew Construction	Project
	☐ Foundation	☐ No Basement	☐ Basement	□ 2-Story	☐ 1-Story + Loft	★ 1-Story	# of Stories and/or basement
					💢 Year Round	☐ Seasonal	Use
		None		□ 3	□ 2	H	# of bedrooms
None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type (Py)	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
	1	1	<u> </u>		. Well	X City	Water

						5	1	Evic
	Proposed Use				POSCE CO. 100 Marie	nosed Construction:	Co. C. C. C. C. C. C.	ting Structure: (if per
	<	`	February S		S1880 58619			mit bei
		3						ng applied for is relevant to it)
	ropose				(Length		Length
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						Width:		Width:
						٢	٤	
		Dimencions				Height:		Height:
 . 200000	מפול לפים		Sollare			6	\$ 0	
	· · · · · · · · · · · · · · · · · · ·	T. C.	Proposed Use Y Proposed Structure Dimensions Footage	✓ Proposed Structure Dimensions	✓ Proposed Structure Dim	✓ Proposed Structure Dimensions	Ion: Length: 36 Width: 33 Height: Proposed Structure Dimensions	Length: 34 Width: 33 Height: Proposed Structure Dimensions

					C.
Proposed Use	Use	۲.	Proposed Structure	Dimensions	Footage
			Principal Structure (first structure on property)	(x)	
			Residence (i.e. cabin, hunting shack, etc.)	(x)	
			with Loft	(X	
Residential Use	al Use		with a Porch	(×	
			with (2 nd) Porch	(×	
	—т		with a Deck	(×	
			with (2 nd) Deck	(x)	
☐ Commercial Use	ial Use		with Attached Garage	(x	. The state of the
	Ŧ		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	~ ×	
	 T		Mobile Home (manufactured date)	(x)	A STATE OF THE STA
			Addition/Alteration (specify)	×	
Municipal Use	II Use	×	Accessory Building (specify) Qarage	(32×36)	1152
	·		Accessory Building Addition/Alteration (specify)	(x)	-
					
Rec'd for Issuance	SIISON		Special Use: (explain)	(×	
	, ,		Conditional Use: (explain)	(x	
26 o7 214	2014		Other: (explain)	×	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

CONTROL POT TO THE LONG THE COUNTY IN LINE STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

THE CONTROL POT THE LONG THE LONG THE COUNTY IN LONG THE COUNTY IN COUNTY OF A PENALT COUNTY OF A PEN Owner(s): (If there are Multiple listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date 38.

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Same

S S

above

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT Dard Stamp (Received)
AUE 0 1 2014

Permit #: Date:

Refund:

8-8-14 1-8-8

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept

34,000	×	-				70.00m/		1 1 1 1 1 1 1 1 1
3					Hamping. Alle	(plain)		
3					And the second s	Conditional Use: (explain)	Condition	AG 08 2014
3	×	+	- Le - April 1974			o. (ouslain)		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	>				Alteration (specify)	Accessory Building Addition/Alteration	Accessory	Rec'd for Issuance
1		_	The state of the s			Accessory Building (specify)	□ Accessory	
1		-	1000	7-14-14-14-14-14-14-14-14-14-14-14-14-14-	1,000	12	-	Municipal Iso
1		-	A. A	1	ate)	Wobile Home (manufactured date)	☐ Mobile H	
)			☐ cooking & food prep facilities)	or □ cookin	☐ sleeping quarters, <u>or</u>	Bunkhouse w/ (□ sanitary, or	Bunkhous	
)		_			rage	with Attached Garage		X Commercial Use
) ===================================	×	(- Arthur and			with (2 nd) Deck		
) = 33,000)	×	_	The state of the s			with a Deck		
)	×	-			***************************************	with (2 nd) Porch		
) = 33,000)	×					with a Porch		Residential Use
) ≈ 32,000	× >	-	Stop	WKS	shack, etc.)	Residence (i.e. cabin, hunting shack, etc.	-	
	< ×	-	/garage/	Office	ture on property)	Principal Structure (first structure on property)	M Principal S	
Footage	Dimensions	0		re	Proposed Structure		٠ ا	Proposed Use
	1000		veriage.		Leight			Proposed Construction:
	Height:		Width:		Length:	for is relevant to it)	mit being applied for	Existing Structure: (if permit being applied
			I NOTE OF			The state of the s	The second secon	
		et				Foundation	Property	Prop
	ntract)	<u>공</u> .	☐ Portable (w/se	*None		□ No Basement	Run a Business on	Run
gallon)	Vaulted (min 200 gallon)		□ Privy (Pit) or			- 1	Relocate (existing bldg)	- 1
	Specify Type:		☐ Sanitary (Exists)	- 1			Conversion	\$ 7,600,000 Con
□ Well	Specify Type:	7 1			Year Round	☐ 1-Story + Loft	Addition/Alteration	3.
X City		۲ ا		□ 1	☐ Seasonal	1.Story	New Construction	material ~ Now
Water	hat Type of Sanitary System the property?	What Type of er/Sanitary Sy: on the propert	Sewa Is t	# of bedrooms	Use	# of Stories and/or basement	Project	Value at Time of Completion * include donated time &
								XNon-Shoreland
No 6	No No	feet	tructure is from Sharelin	Distance Structure	Pond or Flowage If yes—continue —	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	roperty/Land within	Silvi Elailu 💝 🗆 Is Pi
An	Is Property in Floodplain Zone?	e: feet		Distance Structure	itream (ind. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes—	roperty/Land within or Landward side of	
6,38 + 11.5	6	Lot Size		R iver	Town of:	N, Range W	, Township 47 N,	80
		Subdivision	Block(s) No.	Lot(s) No.	1853 11 51	Lot(s)	1/4 Gov't Lot	SE 1/4, NW
Page(s)	Occurrent (re-	Volume	34-000-10000 N	-08-2	04-024-2 - 47-08	(Use Tax Statement) 04- \hat{D}_{c}^{2}	tion:	PROJECT Legal L
State/Zip): Written Authorization Attached Attached Attached Attached Attached Attached	Written A Attached Attached	te/Zip):	Agent Mailing Address (include City/State P.O. Box 68, From Rive	gent Mailing /	7	2	ing Application on behalf i <mark>白色ど</mark>	Authorized Agent: (Person Signing Application on behalf of Owner(s))
Plumber Phone:	Plun			Plumber:	one:	Contra		
cen rione.			54847	E, H	G G	H eys	Street.	Address of Property:
372-4287	54847 3	1-1	From River, W	 - <u> </u>	P.O. Box 68	000	lectric Co	Bay field E
Telephone: 7/2	B.O.A.	T USE	ONAL USE SPECIAL	CONDITIONAL USE	PRIVY D	SANI	ED—► X LAND USE	TYPE OF PERMIT REQUESTED

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

€3,800,000

Address to send permit

Same

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Floor-6

Owner(s):メ

(If there are Multiple Owners listed on the Deed All Owners must sen or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Authorized Agent:

Copy of Tax Statement

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

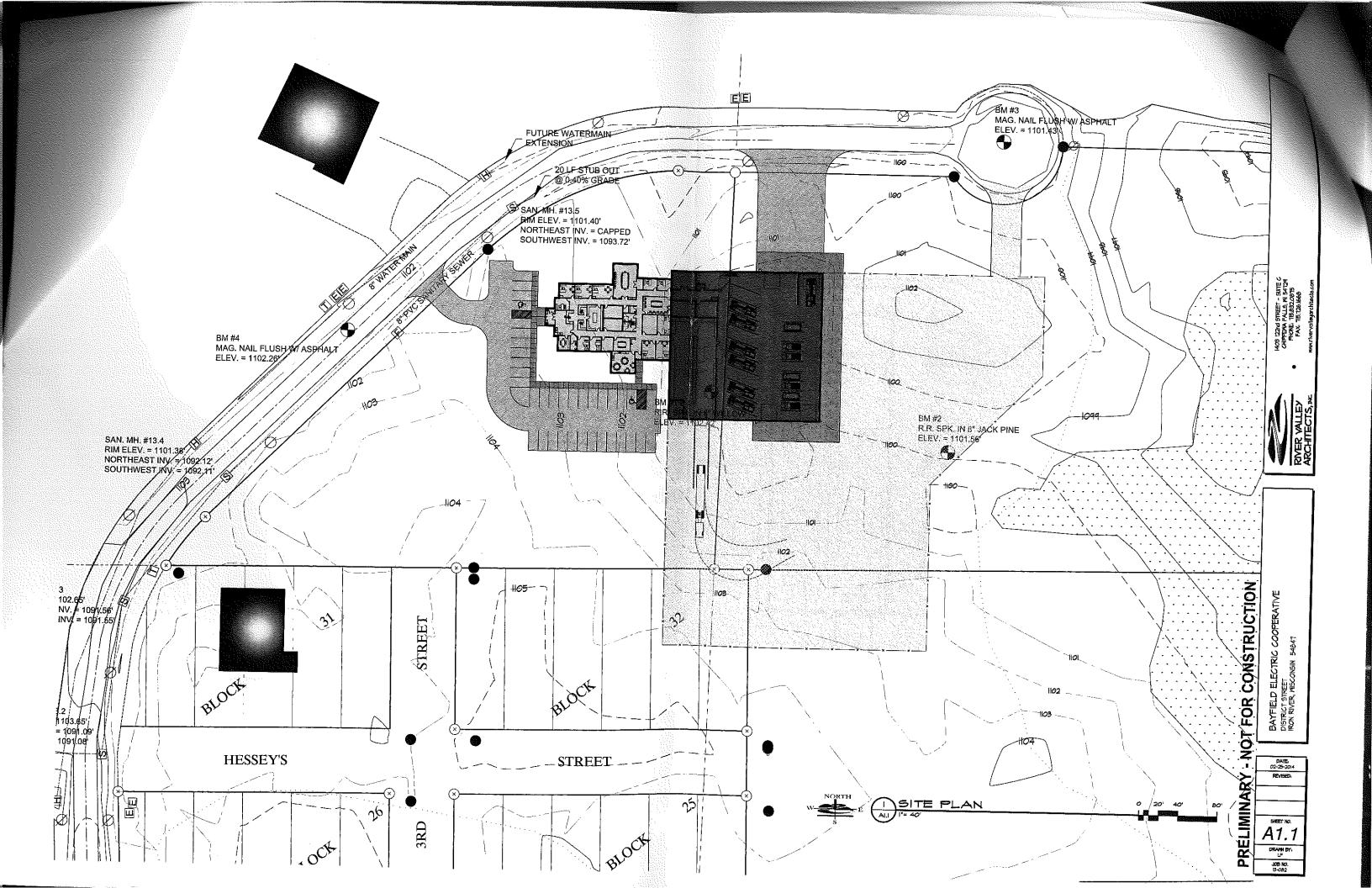
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Signature of Inspector: Mold Call Superior Hold For TBA:	54.0 data 2005 at 10 cm 1	Inspection Record: Well Staked, Mesta all	₽₹	ბ″ ⊱	ot Yes	Permit #: 14_0353	Issuance Information (County Use Only) Permit Denied (Date):	NOTICE: All Land Use Per For The Construction Of New One The local	2 5	Prior to the placement or construction of a structure within ten (10) feet of the minimum n other previously surveyed comer or marked by a licensed surveyor at the owner's expense Prior to the placement or construction of a structure more than ten (10) feet but less than	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting)	SCHOOL HOLL HAVE TO STILL	Setback from the North Lot Line Touch Kan Setback from the South Lot Line Setback from the West Lot Line Setback from the Fast lot line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	500		(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Hold For Affidavit:	Dected by: #	I regeniments:				Permit Date: X, X	Reason for Denial:	nits Expire One (1) Year from the Styling Styl	or verifiable by the Department by use of	of the minimum required setback, the bo owner's expense. 'eet but less than thirty (30) feet from the	Feet Feet		NA Feet	35 Feet	emer	uing) sest point)	Q llachman	-	ed Construction N) on Plot Plan eway <u>and</u> (*) Frontage Road eight of the proper on your on your Proper on your on
it: Hold For Fees:	1. tuited -(If <u>No</u> they need to be attached.) ed to prevent Siltation of		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.)	Mitigation Required □ Yes メ No Mitigation Attached □ Yes メ No	834	CH # of bedrooms:	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	a corrected compass from a known corner within 500 fee	undary line from which the setback must be measured my minimum required setback, the boundary line from whic	Setback to Well		Setback from Wetland 20% Slope Area on property Flevation of Floodblain	Setback from the Lake (ordinary high-wa Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Changes in plans must be a		+	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Dats of Approval	\sim \sim	Zoning District (\mathcal{L})	ner Øyes □ No yed Øyes □ No	Case #	Affidavit Required □ Yes XNo Affidavit Attached □ Yes XNo		sanitary Late:	nas not begun. inform Dwelling Code.	et of the proposed site of the structure, or must be		/V#/ Feet		56 56	water mark)	Measurement	approved by the Planning & Zoning Dept.			and/or (*) Privy (P)

ne box below: Draw or Sketch your Property (regardless of what you are applying for)



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Shalp (Received)

THEFT

Permit #: Date: Amount Paid: 26 54 41 11 8 8 11

Baylield Co. Zoning Dept.

JUL 242014

Refund:

March 3 LAND USE SANITARY PRIVY CONDITIONALS: Declarous Declarou	Contention Con		×		- LANGE PROPERTY OF THE PROPER			ılain)	Other: (explain)			
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Contractor Phone: Agent Phone: Agent Mailing Address Agent Mailing Address Agent Mailing Address Agent Mailing Address Include City/State/Zip: Contractor Phone: Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Agent Mailing Address (include City/State/Zip): Written Authorization Attached Yes X No Yol & Page Lot(s) No. Block(s) No. Subdivision: Subdivision: Agent Mailing Address (include City/State/Zip): Written Authorization Attached Yes X No X No Yes X No X No Yes X No	DRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER	1 1	Acreage	ot Size	L	RIVER	Town of:		5	ownship		
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CROAD TON RIVEY WI SYRUALUSE BOLA OTHER Telephone: CROAD TON RIVEY WI SY847 CITY/State/Zip: CROAD TON RIVEY WI SY847 CEll Phone: 218393362	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/ass) PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER OTHER Telephone: A Hart lakeRd Man River Cell Phone: 1721p: A River Wil 54847 218393362	none:	Plumber Ph	Person III		umber:		715-37			antractor: Sreag Olsor	اعما
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		HER	3.0.A. 🗆 OT			CONDITIONAL	Y	□ SANI		₽ F	PE OF PERMIT REQUEST	↓

owner(s): MAUTICAL

(If there are Multiple Owners listed a

Deed All Owners

of authorization must accompany this application)

Date

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization

TERCY MANGEN

CON ASSOCIA

66284 THEFT IK

pplication)

Attach

Copy of Tax Statement

From recently purchased the property send your Recorded Deed

Address to send permit